

REPORTABLE USE OF FORCE INCIDENT DATA

SECTION A - INCIDENT IDENTIFICATION INFORMATION

Incident Number: (b) (2)	Incident Title: Shot Fired	Orig. SIR No.: (b) (2)	Event No.:
Office: Office of Border Patrol	Owning Organization: Rio Grande Valley Sector/Fort Brown Station	Reporting Official: (b) (6), (b) (7)(C)	Telephone Number: (b) (6), (b) (7)(C)
Type of Incident: <input checked="" type="checkbox"/> Firearm <input type="checkbox"/> Intermediate Device <input type="checkbox"/> Other		Local Time / Day / Date of Incident: 17:30 Thursday 10/27/2011	
Number of Subjects: 1	Number of Involved CBP Officers/Agents: 1	Other Offices / Agencies Involved:	

SECTION B - INCIDENT LOCATION INFORMATION

Address: (b) (7)(E)	City: Brownsville	State: TX	County: Cameron
ZIP Code: 78521	Country: US	Longitude: (b) (7)(E)	Latitude: (b) (7)(E)
Character of Premises: Rural, Uninhabited, Undeveloped/Open, Outdoors			
Illumination: -----			
If Natural Illumination: Daylight	If Artificial Illumination: Not Applicable, Good lighting		
Environmental Conditions: Dry, Calm, Grassland			Estimated Ambient Temperature (°F): 85

Additional Comments (relevant to the incident information page):

On Thursday, October 27, 2011, BPA (b) (6), (b) (7)(C) was assaulted by several subjects who were throwing rocks at him and other agents. One rock struck him on the lower right leg. BPA (b) (6), (b) (7)(C) discharged one round from his issued (b) (7)(E) at an assailant that was throwing a rock at him. BPA (b) (6), (b) (7)(C) stated that he was fearful of himself or another agent being seriously injured or killed by the rocks. After firing one round the rifle jammed and wouldn't fire any more rounds.

SECTION C - INVOLVED OFFICER / AGENT INFORMATION

Name: (b) (6), (b) (7)(C)	Title: BORDER PATROL AGENT	Service EOD: (b) (6), (b) (7)(C)	Duty Location EOD: (b) (6), (b) (7)(C)
Duty Location: Rio Grande Valley Sector/Fort Brown Station			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hand Usage: <input checked="" type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed	Height: (b) (6), (b) (7)(C)	Weight: (b) (6), (b) (7)(C)
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	Attire: <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes	Total YEARS Law Enforcement Experience: Federal: 13 State: 0 Local: 0	Wearing Body Armor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Operational Activity: Linewatch			

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION

Injured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information:
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - WEAPONS USED BY OFFICER / AGENT

Firearm Information:			
Ownership: <input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date: 08/02/2011		Qualification Score:
Serial Number: (b) (6), (b) (7)(C)	Manufacturer: (b) (7)(E)	Model Name/Number: (b) (7)(E)	Caliber: (b) (7)(E)
Type: Rifle	Round Type (if Shotgun):		Rounds Fired: 1
Firearm Shooting Information:			
Posture: Standing	Posture Orientation: Side Towards		
Cover Usage: No Cover	Weapon Grip: Two-handed		
Target Elevation: Below Eye Level	Aiming Method: Sight Aim		
Firing Mode: Fully Automatic	Estimated Distance (Express in Yards): Minimum: 50 Maximum: 75		
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged			
Comments Concerning Collateral Damage: No other Damage			

SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT

Intermediate Device Information:		
Device:		Device Type:
Description:		
Intermediate Device Deployment Information:		
Posture:		Posture Orientation:
Cover Usage:		Weapon Grip:
Target Elevation:		Aiming Method:
Firing Mode:		Estimated Distance (Express in Yards): Minimum: 0 Maximum: 0
Did Collateral Contamination Occur?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Time Needed for Decontamination (Express in Minutes): <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged		
Comments Concerning Collateral Damage:		

Other Force Information:		
Device Type:		Description:
Comments:		
Other Force Deployment Information:		
Posture:		Posture Orientation:
Cover Usage:		Estimated Distance (Express in Yards): Minimum: 0 Maximum: 0
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged		
Comments Concerning Collateral Damage:		

SECTION F - INVOLVED OFFICER / AGENT SHOOTING INFORMATION*(Data Merged with Section E Above by Weapon)***SECTION G - INVOLVED OFFICER / AGENT TRAINING INFORMATION**

What Training (in addition to Basic Academy) Assisted the Involved Officer/Agent:
Training Recommendations: None

SECTION H - SUBJECT INFORMATION

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): UNKNOWN, UNKNOWN, UNKNOWN		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: Unknown	Height: Unknown	Weight: Unknown	Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input type="checkbox"/> Deceased	

SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION

Firearm Information: <input type="checkbox"/> Unknown				
Type:		Round Type (if Shotgun): <input type="checkbox"/> Shot <input type="checkbox"/> Slug <input type="checkbox"/> Other:		
Caliber:	Serial Number:	Manufacturer:	Model Name/Number:	Rounds Fired:
Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms): <input checked="" type="checkbox"/> None <input type="checkbox"/> See Supplemental				
Subject Other Weapon Information (NOT Firearm): Rocks				

SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: UNKNOWN, UNKNOWN, UNKNOWN	
Effective at Stopping Immediate Threat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments: Weapon jammed after first round	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

ADDITIONAL COMMENTS

Officer/Agent Comments:

None

Subject Comments:

None

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (2)	(b) (2)	(b) (6), (b) (7)(C)